

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/031340**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		0				
7		0				
8		0				
9		0				
10	1					
11		1				
12		2				
13		2				
14		2				
15		0				
16		0				
17		1				
18			1			
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
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49						
50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	15	↓		↓
TOTAL CLAIMS			17			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell  
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